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|--|------------------------|-------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10761,390 |
| | Filing Date | Jan. 22, 2004 |
| | First Named Inventor | EMBIL, Koral |
| | Art Unit | 1615 |
| | Examiner Name | CHANNAVAJJALA, LS |
| | Attorney Docket Number | EDKO-001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

| | | | | | |
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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|---|--|-----------|---------------------|--|
| Signature | | | | | |
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| Date | July 13, 2005 | | Telephone | +90 (212) 286 96 30 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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